

Charles A. ...
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 1-875)**

09/936755
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4							54						
5	1						55						
6		1					56						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	1					TOTAL IND.						
TOTAL DEP.	1						TOTAL DEP.						
TOTAL CLAIMS	5	1					TOTAL CLAIMS						

BEST AVAILABLE COPY